MAXIMUS Federal Services

Case Number:	CM15-0189764		
Date Assigned:	10/28/2015	Date of Injury:	07/19/1999
Decision Date:	12/14/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Montana
Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female, who sustained an industrial injury on 07-19-1999. She has reported injury to the neck, bilateral upper extremities, and low back. The diagnoses have included multilevel cervical spondylosis C3-C4 through C6-C7; facetal-based pain cervical spine; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases; and lumbar spinal stenosis L3-L4 and L4-L5, spondylolisthesis both of those levels. Treatment to date has included medications, diagnostics, activity modification, acupuncture, epidural steroid injection, aquatic therapy, physical therapy, and surgical intervention. Medications have included Relafen, Prilosec, Terocin Cream, and Ambien. A progress report from the treating physician, dated 07-23-2015, documented a follow-up visit with the injured worker. The injured worker reported that she is still in acupuncture with one more session left; it has really helped her with her back pain and a lot of her other issues including her digestive issues, headaches, and sleep; she really does not get headaches anymore; she is sleeping better; she is able to cut down on her Ambien dose; she has less anxiety as well; she has noted several benefits from acupuncture; and she would like to continue with acupuncture. Objective findings included she has less spasming of the neck and back; she still has some tenderness along the lower lumbar spine; and there is no radicular pain. The treatment plan has included the request for 12 acupuncture sessions for the lumbar spine. The original utilization review, dated 09-02-2015, non-certified the request for 12 acupuncture sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. A progress report from the treating physician, dated 07-23-2015, documented a follow-up visit with the injured worker. The injured worker reported that she is still in acupuncture with one more session left; it has really helped her with her back pain and a lot of her other issues including her digestive issues, headaches, and sleep; she really does not get headaches anymore; she is sleeping better; she is able to cut down on her Ambien dose; she has less anxiety as well; she has noted several benefits from acupuncture; and she would like to continue with acupuncture. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.